

Supplemental Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: AUTOMATIC POSITIONING QUALITY
ASSESSMENT FOR DIGITAL
MAMMOGRAPHY
Attorney Docket Number:: 1503-1072
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 5
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: EMIL
Middle Name::
Family Name:: SELSE
Name Suffix::
City of Residence:: LINKÖPING
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing KÄLLGATAN 4
Address::
City of Mailing Address:: LINKÖPING
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-586 62

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KRISTINA
Middle Name::
Family Name:: PETTERSSON
Name Suffix::
City of Residence:: LINKÖPING
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing SNICKAREGATAN 27 Bjalbogatan 8D
Address::
City of Mailing Address:: LINKÖPING

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S 582 26 SE-582-47

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001477	9/22/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::